

INTERNATIONAL SERIES

Twinning Ph.D. students from south and north: towards equity in collaborative research

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What works well in primary care education in your locality, region or country?

- In this case, we focus on primary care research education. Twinning of individual Ph.D. students under strong institutional south–south or south–north partnerships may help build capacity for locally anchored primary care research potentially unaddressed by other projects and organisations, as well as enforce the quality of research and learning outcomes

What challenges have you faced?

- The high level of interdependency and sharing between the Ph.D. twins entails risks for project completion. Also, differences between the twins, their institutions and their country regulations pose challenges both for formal requirements and daily collaboration

How have you addressed them?

- Advocacy, timely planning, institutional commitment and information sharing at administrative levels help facilitate formal and informal institutional collaboration. Social investment, friendship, flexibility and alignment of expectations of the twins help streamline daily collaboration. Local employment of southern twin and inclusion of bilateral co-supervisors anchor the project locally

What is the generalisable learning?

- This pilot of matching and twinning Ph.D. students shows potential for equitable research capacity building in resource-constrained settings. It extends principles of collaborative learning to the doctoral level where the Ph.D. twins may compensate and challenge each other as well as share benefits and risks, successes and failures, joys and frustrations in their work, synergistically empowering one another as international collaborators, communicators and researchers

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Introduction

Less than 10% of worldwide expenditure on health research is devoted to problems affecting the world's poorest 90%. [1] Sub-Saharan Africa carries 25% of the global burden of disease, and 44% of deaths worldwide due to communicable disease are in the WHO African Region, where additionally 30% of all deaths are due to non-communicable disease. [2,3] Yet, in a recent report, the share of the world's scientific articles with African authors is only 2.3%. [4]

This picture is further skewed within primary health care, where there is a call for more research. [5–7] In general, low-income countries often struggle with establishing academic institutions delivering high-quality research, and in many universities, family medicine departments are non-existent or developing at a slow rate. [1,8] It has

been reported that successful research institutions in Sub-Saharan Africa have strong south–north collaborations (the 'North-South Divide' term is defined by the Cambridge Dictionary Online as 'the difference in wealth between the rich countries of the world in the North and the poor countries in the South'). [1] Anecdotally, in some universities in low-income countries, the proportion of faculty with higher degrees is very low and so capacity development is a priority both in terms of new Ph.D.s and supervision.

It is not uncommon for graduates from African countries to complete a Ph.D. programme at a 'Western' university far from their home environment, yielding limited potential for building research capacity locally. [9] It is estimated that 30,000 African Ph.D. holders live outside the continent. [10] Sandwich programmes exist permitting foreign candidates to conduct fieldwork while living